



General Assembly

January Session, 2015

Raised Bill No. 988

LCO No. 3680



Referred to Committee on LABOR AND PUBLIC
EMPLOYEES

Introduced by:
(LAB)

***AN ACT UPDATING THE OCCUPATIONAL HEALTH CLINICS
STATUTES.***

Be it enacted by the Senate and House of Representatives in General
Assembly convened:

1 Section 1. Section 31-396 of the general statutes is repealed and the
2 following is substituted in lieu thereof (*Effective October 1, 2015*):

3 As used in sections 31-396 to 31-403, inclusive:

4 (1) "Occupational disease" means any disease which is peculiar to an
5 occupation, or related to an occupation, in which an employee was or
6 is engaged and which is due to causes, in excess of the ordinary
7 hazards of employment which are attributable to such occupation, and
8 includes, but is not limited to, (A) any disease due to or attributable to
9 exposure to or contact with any radioactive material by an employee in
10 the course of his employment, (B) poisoning from lead, phosphorus,
11 arsenic, brass, wood alcohol or mercury or their compounds or from
12 anthrax or compressed air illness, (C) chronic diseases affecting organ
13 systems, including, but not limited to, the cardiovascular and
14 musculoskeletal systems, and [(C)] (D) any other diseases, contracted

15 as a result of the employment of a person, which is due to toxic or
16 hazardous chemicals, materials, gases or other substances identified by
17 the United States Department of Labor pursuant to occupational safety
18 and health standards contained in 29 CFR Chapter XVII, as from time
19 to time amended.

20 (2) "Occupational health clinic" means any public or nonprofit
21 medical facility [providing] that: (A) Provides diagnosis, treatment and
22 preventative services for patients with occupational diseases, [which]
23 (B) provides public, professional and clinical outreach and training
24 programs regarding such diseases, and (C) is licensed by the state for
25 such purposes. These services shall include, but shall not be limited to
26 outpatient care, medical surveillance, data collection, and the
27 assessment of work place exposure.

28 (3) "Auxiliary occupational health clinic" means any general
29 hospital, or any other medical facility which is approved by the Labor
30 Commissioner in accordance with regulations adopted pursuant to
31 section 31-401, which operates a corporate medicine program or an
32 employee wellness program which includes any of the following: [(1)]
33 (A) Routine commercial activities, such as preemployment
34 examinations, [(2)] (B) mandated examinations, such as Federal
35 Occupational Safety and Health Administration examinations, [(3)] (C)
36 routine workers' compensation cases, [(4)] (D) routine medical
37 evaluations involving establishment of product liability, [(5)] (E)
38 evaluations consigned to independent medical examiners, [(6)] (F)
39 employee physical programs, [(7)] (G) employee wellness programs, or
40 [(8)] (H) employee drug testing programs.

41 (4) "Occupational physician" means any doctor licensed to practice
42 medicine in the state [and found to be qualified to practice] who has
43 been certified or found eligible for certification in occupational
44 medicine by the American Board of Preventive Medicine.

45 (5) "Surveillance" means the detection by epidemiologic means of
46 disease states or significant laboratory abnormalities. Surveillance

47 activities may involve the interpretation of existing data or the active
 48 pursuit of new data and disease associations, provided surveillance
 49 activities shall not include preemployment related physicals, insurance
 50 examinations or other data collection activities of a purely commercial
 51 nature, may incorporate the experience of other states, particularly
 52 those in the northeast, and may include technical support available
 53 through the National Institute for Occupational Safety and Health.

54 Sec. 2. Section 31-397 of the general statutes is repealed and the
 55 following is substituted in lieu thereof (*Effective October 1, 2015*):

56 (a) The Labor Commissioner, in consultation with the
 57 Commissioner of Public Health, shall encourage the development of
 58 occupational health clinics by making grants-in-aid to public and
 59 nonprofit organizations. Such grants-in-aid shall be used to facilitate
 60 the development and operation of such clinics, including, but not
 61 limited to, preproject development, site acquisition, development,
 62 improvement and operating expenses. Such [grant-in-aid] grants-in-
 63 aid may be used for activities involved in occupational disease
 64 evaluation, treatment and prevention, particularly when such activities
 65 are not compensated by other sources. Priority for such grants-in-aid
 66 may be given to organizations providing services for working age
 67 populations, including, but not limited to, migrant and contingent
 68 workers, where health disparities or work structure interfere with the
 69 provision of occupational health care services. Such grants-in-aid shall
 70 not be used to compensate any occupational health clinic for any
 71 activities [which could be included in a corporate medicine or
 72 employee wellness program, as defined in subdivision (3) of section
 73 31-396] that utilize commercial services or involve grants or contracts
 74 received from an outside party. The commissioner shall consult with
 75 the Occupational Health Clinics Advisory Board prior to making any
 76 such grant.

77 (b) For an organization to qualify for a grant-in-aid under sections
 78 31-396 to 31-403, inclusive, as amended by this act, the occupational
 79 health clinic to be operated shall meet all of the following criteria: (1)

80 Clinical directorship by a board certified or board eligible occupational
 81 health physician; (2) membership in, application to or plans for
 82 application to the Association of Occupational and Environmental
 83 Clinics; (3) availability of industrial hygiene or related services; (4)
 84 current involvement in or willingness to assist in the training of
 85 occupational health professionals; (5) capability to comply with the
 86 surveillance requirements and recommendations outlined in the report
 87 on Occupational Disease in Connecticut of 1989; (6) agreement to work
 88 with the Department of Public Health and the Labor Department to
 89 reduce the burden of occupational disease; (7) provision of assistance
 90 and medical consultative services to Connecticut OSHA; (8)
 91 cooperation with the Department of Public Health, Labor Department,
 92 Workers' Compensation Commission and state Insurance
 93 Commissioner to transfer granted occupational medicine costs to
 94 appropriate insurance and other private funding mechanisms; (9)
 95 agreement to attempt to educate medical professionals on use of the
 96 surveillance system; (10) agreement to compile and report surveillance
 97 data; and (11) cooperation with the Department of Public Health,
 98 Labor Department, Workers' Compensation Commission and state
 99 Insurance Commissioner to carry out the purposes of sections 31-396 to
 100 31-403, inclusive, as amended by this act.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2015</i>	31-396
Sec. 2	<i>October 1, 2015</i>	31-397

LAB *Joint Favorable*